

160 East 300 South, 3^{rd} Floor • PO Box 146620 • Salt Lake City, Utah 84114-6620 • (801) 530-6850

ELEVATOR/ESCALATOR VARIANCE REQUEST

This form must be filled out entirely; all available information must be provided. Incomplete requests will not be processed.

Requesting Organization Name and Address:				Date:				
				Correspondence Mailing A	ddress:			
Facility Owner Name:								
Facility Owner Contact Name an								
Facility Owner Contact Phone:								
R616-3-5. A. In a case where the Division finds that the enforcement of any code would not materially increase the safety of employees or general public, and would work undue hardships on the owner/user, the Division may allow the owner/user a variance. Variances must be in writing to be effective and can be revoked after reasonable notice is given in writing.								
Code Requirements:								
☐ Continuation Sheet Attached								
R616-3-5. B. Persons who apply for a variance to a safety code requirement must present the Division with the rationale as to how								
their elevator installation provides safety equivalent to the applicable safety code.								
Description of Variance Requested:								
□ Supporting Documentation or Continuation Sheet Attached								
By signing this document, I agree that all of the information contained herein is true and complete, to the best of my knowledge; and that I understand the process by which this variance may or may not be approved.								
_	Print Na	me	Signature		Date			
☐ Requestor								
	Print Na	me	Signature		Date			
☐ Facility Owner								
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Reviewer		Recommendation		Signature		Date		
☐ Elevator Inspector		☐ Approve ☐ Approve w/ modifications* ☐ Disapprove						
□ Deputy Director □ Approve □ Approve w/ modifications* □ Disapprove								
* Attach continuation sheet to describe modifications								
Final Disposition		☐ Approve ☐ Approve w/ modifications ☐ Disapprove						

Date

Division Director Signature

VARIANCE REQUEST SUPPLEMENTAL INFORMATION

Location:			
Contact Name and Title:	Address:	Phone:	
Architect:			
Contact Name and Title:	Address:	Phone:	
Engineering Firm:			
Contact Name and Title:	Address:	Phone:	
Installation Contractor:			
Contact Name and Title:	Address:	Phone:	
Building Inspector:	I	I	
Contact Name and Title:	Address:	Phone:	
Project Information:			
Design Completion Date:	Plan Review Conducted: □ Yes □ No	Installation Completion Date:	
Comments:			